

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Heyer, John C.		Name of Joint Debtor (Spouse) (Last, First, Middle):																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																	
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-8753		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):																	
Street Address of Debtor (No. & Street, City, State & Zip Code): 241 Middaugh Road Clarendon Hills, IL 60514		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																	
County of Residence or of the Principal Place of Business: Du Page		County of Residence or of the Principal Place of Business:																	
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																	
Location of Principal Assets of Business Debtor (if different from street address above):																			
Information Regarding the Debtor (Check the Applicable Boxes)																			
Venue (Check any applicable box)																			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																			
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																	
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																			
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																			
Estimated Number of Creditors		1-15 16-49 50-99 100-199 200-999 1000-over																	
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																	
Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">\$0 to \$50,000</td> <td style="width: 12.5%;">\$50,001 to \$100,000</td> <td style="width: 12.5%;">\$100,001 to \$500,000</td> <td style="width: 12.5%;">\$500,001 to \$1 million</td> <td style="width: 12.5%;">\$1,000,001 to \$10 million</td> <td style="width: 12.5%;">\$10,000,001 to \$50 million</td> <td style="width: 12.5%;">\$50,000,001 to \$100 million</td> <td style="width: 12.5%;">More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Estimated Debts <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">\$0 to \$50,000</td> <td style="width: 12.5%;">\$50,001 to \$100,000</td> <td style="width: 12.5%;">\$100,001 to \$500,000</td> <td style="width: 12.5%;">\$500,001 to \$1 million</td> <td style="width: 12.5%;">\$1,000,001 to \$10 million</td> <td style="width: 12.5%;">\$10,000,001 to \$50 million</td> <td style="width: 12.5%;">\$50,000,001 to \$100 million</td> <td style="width: 12.5%;">More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million												
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
THIS SPACE IS FOR COURT USE ONLY																			

Voluntary Petition (This page must be completed and filed in every case)		Document	Page 2 of 15 Heyer, John C.	FORM B1, Page 2
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)				
Location Where Filed: - None -		Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)				
Name of Debtor: - None -		Case Number:	Date Filed:	
District:		Relationship:	Judge:	
Signatures				
<p>Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ John C. Heyer</u> Signature of Debtor John C. Heyer</p> <p>X _____ Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) July 15, 2005 Date</p>				
<p>Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>				
<p>Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p>X <u>/s/ Gregory K. Stern 6183380</u> July 15, 2005 Signature of Attorney for Debtor(s) Date Gregory K. Stern 6183380</p>				
<p>Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p>				
<p>Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p> <p>Printed Name of Bankruptcy Petition Preparer</p> <p>Social Security Number (Required by 11 U.S.C. § 110(c.))</p> <p>Address</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p>				
<p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>X _____ Signature of Bankruptcy Petition Preparer</p> <p>Date</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p>				
Printed Name of Authorized Individual				
Title of Authorized Individual				
Date				

In re

John C. Heyer

Case No.

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. 5466 1601 7003 9802		9/10/04 Judicial Lien 241 Middaugh Road, Clarendon Hills, Illinois - Residence - (Subject to Mortgage dated 8/9/04 with Downey Savings and Loan Association, FA in the principal amount of \$527,000.00 that is a non recourse obligation to Debtor)					
Citi Cards P.O. Box 6000 The Lakes, NV 89163-6000	-	Value \$ 850,000.00				29,490.11	0.00
Account No.		Friedman and Wexler, LLC 500 West Madison Street Suite 2910 Chicago, IL 60661					
Representing: Citi Cards							
Account No.		Value \$					
Account No.		Value \$					
Account No.		Value \$					
0 continuation sheets attached			Subtotal (Total of this page)			29,490.11	
			Total			29,490.11	
			(Report on Summary of Schedules)				

In re

John C. Heyer

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

Deposits by individuals

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

Alimony, Maintenance, or Support

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re

John C. Heyer

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
				CONTINGENT	UNLIQUIDATED	DISPUTED	DATED		
Account No.									
Illinois Department of Revenue Bankruptcy Section P.O. Box 64338 Chicago, IL 60664-0338	-		2003 & prior years						
			Taxes	X	X	X			
Account No.									
Internal Revenue Service Mail Stop 5010 CHI 230 South Dearborn Street Chicago, IL 60604	-		2003 & prior years						
			Taxes	X	X	X			
Account No.									
Account No.									
Account No.									

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

0.00

Total

0.00

(Report on Summary of Schedules)

In re

John C. Heyer

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOUR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. 4091-1601-1525-0015			2003 & prior years Periodic Purchases			10,606.76
Advanta Bank Corp. P.O. Box 30715 Salt Lake City, UT 84130-0715	X -		Attention LLC 5300 Oakbrook Parkway Bldg. 300, Suite 300 Norcross, GA 30093			
Account No.			Smiley's Gryos & Beef, Inc. Debt			
Representing: Advanta Bank Corp.				X	X	X
Account No.			The Chaet Kaplan Baim Firm 30 North LaSalle Street Suite 1520 Chicago, IL 60602			0.00
Alpha Baking Co., Inc. 5001 West Polk Street Chicago, IL 60644	-					
Account No.						
Representing: Alpha Baking Co., Inc.						
9 continuation sheets attached			Subtotal (Total of this page)			10,606.76

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 4308-5110-7089-1871		2003 & prior years Periodic Purchases				
Bloomingdale's Premier Plus Visa 9111 Duke Boulevard Mason, OH 45040	-					3,774.10
Account No. 4791-2422-9850-7446		2003 & prior years Periodic Purchases				
Capital One Services P.O. Box 85015 Richmond, VA 23285-5015	X -					608.94
Account No.		Ventus Capital Services, LP 9700 Bissonnet Suite 2000 Houston, TX 77036				
Representing: Capital One Services						
Account No. 4115-0721-5457-0058		2003 Periodic Purchases				
Capital One Services P.O. Box 85015 Richmond, VA 23285-5015	-					843.18
Account No.		Ventus Capital Services, LP 9700 Bissonnet Suite 2000 Houston, TX 77036				
Representing: Capital One Services						
Sheet no. <u>1</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				5,226.22

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
Central Foodservice Co. 4100 West 40th Street Chicago, IL 60632	X -	2003 & prior years Smiley's Gyros & Beef, Inc. Debt		X	X	0.00
Account No.						
Representing: Central Foodservice Co.		Gini S. Marziani, Esq. Davis, Mannix & McGrath 125 South Wacker Drive Suite 1700 Chicago, IL 60606				
Account No. 5222-7600-8068-7692		2003 & prior years Periodic Purchases & Cash Advances				17,510.95
Chase P.O. Box 1590292 Wilmington, DE 19850-5902	-					
Account No. 5588-3285-0029-3273		2003 & prior years Periodic Purchases				5,560.90
Citi AAdvantage Business Card P.O. Box 44230 Jacksonville, FL 32231-4230	X -					
Account No. 5424-1801-6805-0109		2003 & prior years Periodic Purchases				2,217.61
Citi Cards P.O. Box 6000 The Lakes, NV 89163-6000	-					
Sheet no. <u>2</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			25,289.46

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
City of Chicago Department of Revenue 121 North LaSalle Street Room 107 Chicago, IL 60602	-	2002 Permits/Fines			X	200.00
Account No.						
Decatur Plaza I, LLC 239 East St. Louis Street P.O. Box 244 Nashville, IL 62263	X -	4/03 Lease - Guaranty		X	X	Unknown
Account No.						
Representing: Decatur Plaza I, LLC		Edward Q. Costas, Esq. 225 North Water Suite 301 Decatur, IL 62523				
Account No.						
Empire Cooler Servicer, Inc. 940 West Chicago Avenue Chicago, IL 60622	X -	2001 Smiley's Gyros & Beef, Inc. Debt		X	X	0.00
Account No.						
Representing: Empire Cooler Servicer, Inc.		Daniel A. Wolfe, Esq 314 North McHenry Road Buffalo Grove, IL 60089				
Sheet no. <u>3</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		200.00	

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 024 9018 10822		2003 Auto Deficiency			X	
General Motors Acceptance Corporation P.O. Box 217060 Auburn Hills, MI 48321-7060	-					9,611.30
Account No.		GMAC Mortgage Corporation P.O. Box 901009 Fort Worth, TX 76101-2009				
Representing: General Motors Acceptance Corporation						
Account No. 6035 3220 0531 0085		2003 Periodic Purchases		X	X	
Home Depot Credit Services P.O. Box 8075 Layton, UT 84041	X -			X	X	5,004.11
Account No.		Listed For Notice Purposes		X	X	
Illinois State Medical Insurance Exchang 20 North Michigan Avenue Suite 700 Chicago, IL 60602	-			X	X	0.00
Account No. BUB767		2003 prior year Fines				
Illinois State Toll Highway Authority Violation Processing Center 135 Souht LaSalle Department 8021 Chicago, IL 60674-8021	-					193.90
Sheet no. 4 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			14,809.31

In re

John C. Heyer

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
Representing: Illinois State Toll Highway Authority		Illinois Secretary of State Safety and Financial Responsibility Div 2701 South Dirksen Parkway Springfield, IL 62723				
Account No.		2001 Services				
Kamensky & Rubinstein 7250 North Cicero Avenue Suite 200 Lincolnwood, IL 60712	-					1,442.93
Account No.		7/10/04 Automobile Accident				
Andrew Katsoulis c/o Corboy & Demetrio 33 North Dearborn Street Chicago, IL 60602	-		X	X	X	Unknown
Account No.		Country Insurance & Financial Services 1701 North Towanda Avenue PO Box 2020 Bloomington, IL 61702-2020				
Representing: Andrew Katsoulis						
Account No. 001 0510132 000		Guarantee of Lease				
Lease Finance Group, a Division of CIT 233 North Michigan Avenue Suite 1800 Chicago, IL 60601-5519	X -		X	X	X	Unknown
Sheet no. 5 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,442.93

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 5200-0100-7902-2394		2003 & prior years Periodic Purchases			X	19,305.67
MBNA America P.O. Box 15026 Wilmington, DE 19886-5026	-	Mann Bracken LLC One Paces West, Suite 1400 2727 Paces Ferry Road Atlanta, GA 30339				
Account No.		National Arbitration Forum PO Box 50191 Minneapolis, MN 55405-0191				
Representing: MBNA America		RJM Acquisitions LLC 575 Underhill Suite 224 Syosset, NY 11791-3416				
Account No.		Irving Park/Streamwood Plaza Lease, Lind North Plaza Lease, Seasons Ridge Commons Lease & Joliet Plaza Lease				
Representing: MBNA America	X -		X	X		Unknown
Account No.						
National Shopping Plazas, Inc. 333 West Wacker Drive Suite 2750 Chicago, IL 60606	X -					
Sheet no. <u>6</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				19,305.67

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 3 08 98 0372		Smiley's Gyros & Beef, Inc. Debt				
Nicor Gas P.O. Box 416 Aurora, IL 60568-0001	X -			X		0.00
Account No.		NCO Financial System, Inc. 1804 Washington Road Department 750 Baltimore, MD 21230				
Representing: Nicor Gas						
Account No.		Smiley's Gyros & Beef, Inc. Debt				
Pepsi America's Inc. 1881 Bilter Road Aurora, IL 60504	X -		X	X	X	0.00
Account No.		Richard I. Atlas, Esq. 950 Milwaukee Avenue Glenview, IL 60025				
Representing: Pepsi America's Inc.						
Account No. 3 772 244 745 10		2003 Periodic Purchases				
Retailers National Bank P.O. Box 59231 Minneapolis, MN 55449-0231	-					425.24
Sheet no. 7 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				425.24

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		NCB Management Services, Inc. PO Box 1099 Langhorne, PA 19047				
Representing: Retailers National Bank						
Account No. 49 0908 473990 3	X	2003 & prior years Periodic Purchases		X		7,120.44
Sam's Club/GECFTV P.O. Box 103036 Roswell, GA 30076	-	2003 & prior years Periodic Purchases				4,575.03
Account No. 5121-0718-1001-0227	-	2003 & prior years Periodic Purchases				
Sears Gold MasterCard P.O. Box 818007 Cleveland, OH 44181-8007		Listed For Notice Purposes				
Account No.	-					0.00
Trans Union PO Box 1000 Chester, PA 19022						
Account No. 4388-5752-0038-1312		2003 & prior years Periodic Purchases				16,957.55
United Mileage Plus, Cardmember Services P.O. Box 8650 Wilmington, DE 19899-8650	-					
Sheet no. <u>8</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				28,653.02

In re John C. Heyer,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 70557 & 72689		2003 & prior years Fines				
Village of Clarendon Hills 201 Burlington Avenue Clarendon Hills, IL 60514	-				X	
Account No.		KCA Financial Services, Inc. 628 North Street PO Box 53 Geneva, IL 60134				
Representing: Village of Clarendon Hills						
Account No. 002466		2002 Services				
Ziai Medical Group, Inc. P.O. Box 472 Palos Park, IL 60464	-					
Account No.						
Account No.						
Sheet no. 9 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				610.00
		Total (Report on Summary of Schedules)				106,568.61